

**SAFETY-KLEEN (LONE and GRASSY MOUNTAIN), INC.**  
**Grassy Mountain Facility**  
**Inspection Record**

TYPE: **Daily**  
 FORM: **RD01**

Date of Inspection: _____ Time: _____ AM/PM PAGE <u>1</u> OF <u>1</u>					
<b>SITE PERIMETER</b>					
EQUIPMENT / STRUCTURE/ ITEM	INSPECTION ELEMENT	STATUS		IF "NOT OK" STATE REASON	DATE & TIME CORRECTED & INITIALS
		OK	NOT OK		
SECURITY GATE:	Check guard visitor log for current entry				
SECURITY LIGHTING:	Check operability of facility interior lighting in waste management areas				
SECURITY FENCE:	Inspect for integrity, breaks of damage				
	Check for erosion which would allow for unauthorized entry.				
	Check gates for proper function				
	Check for presence of warning signs at proper intervals and at all gates				
	Inspect signs for deterioration (fading, damage, etc.)				
Inspector's Name: _____ Inspector's Signature: _____					
COMMENTS (IF NEEDED, EXPLAIN THE CORRECTIVE ACTIONS TAKEN):					
<u>IF STATUS NOT OK, MARK THE FOLLOWING</u>  ENVIRONMENTAL DEPARTMENT CONTACTED: ( ) YES ( ) NO REMEDIAL WORK ORDER ISSUED: ( ) YES WORK ORDER # _____ ( ) NO					